



New Jerusalem Community Development Corporation

Summer 2018

Emergency Contact Information

Name of Child: _____

Daytime Contact Number: _____

Age: _____ Date of Birth: _____ Grade: _____

Parent/Guardian Name (Print): _____

Medical History

Is your child allergic to any foods ___ Yes ___ No

If yes, what? _____

Does your child have any disabilities ___ Yes ___ No

If yes, what? _____

Does your child take any medication ___ Yes ___ No

If yes, what? _____

Emergency Contact

Name: _____

Address: _____

Telephone: _____

Relationship: _____

Name: _____

Address: _____

Telephone: _____

Relationship: _____

List person(s) allowed to pick-up your child.

1. _____ 2. _____

3. _____ 4. _____

List person(s) not allowed to pick-up your child.

1. _____ 2. _____

3. _____ 4. _____

Transportation authorization

I hereby give consent to NJCDC and its designated leaders to take my child on walking fieldtrips in the neighborhood, public park facilities, special excursions to places of interest in NJCDC vans, buses, commercial vehicles, public transportation, or rented vans or buses, with the understanding that such trips are under supervision of authorized personnel of NJCDC and that all possible precautions are taken to ensure the health and safety of my child.

Initial _____

Photographic Release

I, _____, in exchange for good and valuable consideration, the adequacy of which is hereby acknowledged, hereby give NJCDC, including its volunteers, employees, and any other persons and entities acting with permission, or upon its authority, the absolute right and permission to take, copyright, use, and publish any photographs or videos of or concerning me for the purpose of NJCDC advertising, education, promotion, or other purpose consistent with NJCDC mission. I agree that any such photograph or video is exclusively property of NJCDC, and I hereby waive all right thereto. I further waive any and all rights to inspect and/or approve any printed or electronic material that may be use in conjunction with the photographs or videos, or to approve the use to which the photographs or videos may be applied.

Initial _____

HIPAA Compliance

The New Jerusalem Community Development Corporation abides by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). If you have questions about how the health information about students of the system may be used and disclosed please contact Sabrina Bouie-Floyd at 777 NW 85th Street, Miami, FL 33150, (305) 693-8323.

Initial _____

I HAVE READ AND AGREE TO THE ABOVE INFORMATION:

Parent/Guardian Signature

Date

Printed Name: _____

New Jerusalem Community Development Corporation

Health/Emergency Information

Child's Name: _____ Child's Age: _____

Has your child had any serious or severe illnesses or accidents in the past 3 years? Yes No

If yes, explain _____

Does your child have any allergies? Yes No if yes, please list: _____

Does the child take any medication during the day? Yes No If so, a medication release form is required.

Please list medications: _____

Physician: _____ Phone: _____

Address: _____

Dentist: _____ Phone: _____

Address: _____

Insurance Information

Insurance Company: _____ Policy/Group #: _____

Insurance Disclaimer

NJCDC does not carry health or accident insurance on its members or participants. All expenses incurred in the treatment of illness, injuries or accidents will be the responsibility of the participants and his/her insurance carrier.

Initial _____

Consent for Emergency Medical Treatment

As the parent, legal guardian, or authorized representative, I hereby give consent to NJCDC to obtain all emergency medical or dental care prescribed by a duly licensed physician (M.D.), Osteopath (D.O.), or Dentist (D.D.S.) for _____

This care may be give under whatever conditions are necessary to preserve the life, limb, or well being of the child named above.

Initial _____

Child's Health Statement

I, the undersigned, parent/guardian, understand that at NJCDC program physical activity is a regular part of the program. To the best of my knowledge, my child is in excellent physical health and needs no restrictions (except what is listed on the emergency/health information) from strenuous physical activity. If I have any questions regarding my child's health, I understand that it is my obligation to seek professional medical advice and to inform NJCDC of any restrictions of my child's activities.

Initial _____

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

- | | |
|--|---|
| <input type="checkbox"/> Behavioral therapy or services | <input type="checkbox"/> Physical therapy (PT) |
| <input type="checkbox"/> Counseling for emotional concerns | <input type="checkbox"/> Special education services in school |
| <input type="checkbox"/> Daily medication (not including vitamins) | <input type="checkbox"/> Speech/language therapy |
| <input type="checkbox"/> Occupational therapy (OT) | <input type="checkbox"/> None of the above |

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

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

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

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. For special needs resources for your child, visit www.advocacynetwork.org or www.thechildrenstrust.org/cwd

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/GUARDIAN SIGNATURE _____ **DATE** _____

FOR STAFF USE ONLY (MUST BE COMPLETED)

ORGANIZATION _____ SITE _____

POPULATION MEMBERSHIP (check all that apply): Dep Syst Delin Syst



New Jerusalem Community Development Corporation

CHILD INFORMATION FORM

New Jerusalem Community Development Corp. (CDC) is proud to offer summer camp 2018. This year's non-refundable camp prepaid assessment will be \$335.00. This fee must be paid in full by June 4th in order for your child(ren) to participate with camp on June 11th. The non-refundable assessment fee for camp after June 6th will be \$350.00 and must be paid in advance of your child participating in our camp. Please note there will be no additional cost for field trips. This assessment is contingent upon additional funding provided by the Children's Trust. Fee schedule may change if funding is not received. However, the following information is needed in order to access these funds and follow us to provide low cost services to your child.

Child's Last Name _____ First _____ Middle Name _____

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

Last four (4) digits ONLY of child's social security # No SS #

Miami-Dade County Public Schools ID # No M-DCPS ID #

Child's current school _____

Is your child proficient in English? Yes No

Other language(s) spoken in your home Spanish Haitian Creole Other: _____ None

Street Address _____ City _____ Zip Code _____

Child's ethnicity Hispanic Haitian Other, please specify: _____

Child's race (select only one) American Indian or Alaskan Asian Black or African-American Pacific Islander White Other Multiracial

Child's current grade

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/parents/health-connect/insurance.)

Child's primary caregiver (full name) _____

Primary caregiver email address _____

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

(Please note that The Children's Trust may contact you via postal mail, email and/or text to ask about your satisfaction with these services, and to make you aware of other Trust-funded programs, initiatives and events you may be interested in.)

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

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

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