

# Freedom Schools® , TCA Preschool, & GENERATION 2050 Summer Registration 2017



Child Name: \_\_\_\_\_

Age: \_\_\_\_\_

Grade for current **2016-17** School Year: \_\_\_\_\_ What school will your child attend next year? \_\_\_\_\_

Parent Name: \_\_\_\_\_

Office Hours for Summer Registration:  
**10:00am – 4:00pm**  
*(other times may be scheduled by appointment only)*

### APPLICATION CHECK LIST:

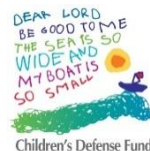
- Registration Fee (Non-refundable) plus First Week Tuition  
*(Money Order / Credit Card Payments Only)*
- REGISTRATION PACKET COMPLETE
  - Child Information Form
  - Policies and Procedures Form
  - Emergency Contact Information
  - Health Information Form
  - Food Programs Form
  - Summer 2017 Financial Page
- IMMUNIZATION FORM (Physical and Blue Shot Records)
- TUITION EXPRESS FORM
- BIRTH CERTIFICATE of child
- PARENT PICTURE ID
- All ATTACHED FORMS ARE COMPLETE

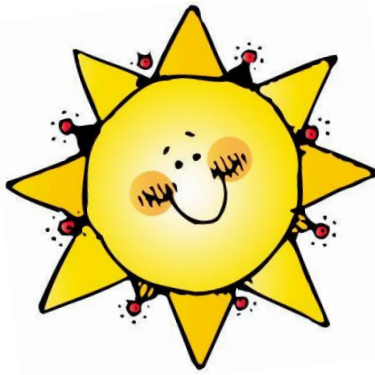


17801 NW 2<sup>nd</sup> Ave., Miami, FL 33169

DCF Childcare License #C11MD1596

School Office: 786-888-LIFE Church Office: 786-888-HOPE





# SUMMER 2017

**Freedom School: 5 Years – 14 Years Old**  
 (Ages 5 – 14 as of September 1, 2017)  
**June 19 to August 10 • 7:30AM to 4:00PM**  
 After Care: 4pm–6pm \$5 per day

**Preschool: Ages 2 – 4 years**  
**June 12 – August 11**  
**7:00AM – 6:00PM**

Scholars registering for all 8 weeks of camp will receive first preference on waiting lists.  
 Please note: *Trinity Church Freedom Schools* is subsidized in part by the *Miami-Dade Children's Trust*.  
Scholars must have a Miami-Dade address or their tuition will not be subsidized.

- REGISTRATION FEE – FREEDOM SCHOOL (non-refundable)** \$ 70.00
- REGISTRATION FEE – PRESCHOOL (non-refundable)** \$ 100.00

Age as of Sept. 1, 2017	<u>6 – 14 Years</u>	<u>5 Years</u>	<u>Broward Rates</u>	<u>Preschool (2-4 years)</u>	
			Special Scholarships available for Broward Residents		
<input type="checkbox"/> Preschool only June 12–16	Closed	Closed	Closed	<input type="checkbox"/> \$150	\$ _____
<input type="checkbox"/> Week 1 June 19 - 23	<input type="checkbox"/> \$65	<input type="checkbox"/> \$85	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150	\$ _____
<input type="checkbox"/> Week 2 June 26 – 30	<input type="checkbox"/> \$65	<input type="checkbox"/> \$85	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150	\$ _____
<input type="checkbox"/> Week 3 July 3 - 7*	<input type="checkbox"/> \$65	<input type="checkbox"/> \$85	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150	\$ _____
<input type="checkbox"/> Week 4 July 10 - 14	<input type="checkbox"/> \$65	<input type="checkbox"/> \$85	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150	\$ _____
<input type="checkbox"/> Week 5 July 17 – 21	<input type="checkbox"/> \$65	<input type="checkbox"/> \$85	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150	\$ _____
<input type="checkbox"/> Week 6 July 24 - 28	<input type="checkbox"/> \$65	<input type="checkbox"/> \$85	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150	\$ _____
<input type="checkbox"/> Week 7 July 31 - Aug 4	<input type="checkbox"/> \$65	<input type="checkbox"/> \$85	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150	\$ _____
<input type="checkbox"/> Week 8 August 7 - 10	<input type="checkbox"/> \$65	<input type="checkbox"/> \$85	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150	\$ _____
 <input type="checkbox"/> 5% Pre-payment discount for all 8 weeks	<input type="checkbox"/> -\$26.00	<input type="checkbox"/> -\$34.00	<input type="checkbox"/> -\$60	<input type="checkbox"/> -\$60	\$ _____

Deadline for pre-payment to receive the discount is June 16, 2017  
 The pre-payment discount option is **Non-refundable** except for medical reasons with a Doctor's note.

**TOTAL:** \$ \_\_\_\_\_

\*Tuesday, July 4<sup>th</sup> we will be closed for Independence Day Holiday

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_





**CHILD  
Summer**



**ENROLLMENT  
2017**



**FORM**

**Today's Date:**

**CHILD INFORMATION**

**Child's Last Name** \_\_\_\_\_ **First** \_\_\_\_\_ **Middle** \_\_\_\_\_

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

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Child's Gender  Male  Female

Last 4 Digits ONLY of Child's Social Security#  
(required)

--	--	--	--

No SSN

Miami-Dade County Public School ID#  
(required)

--	--	--	--	--	--	--	--

No MDCPS ID

Child's Current School:

Type of school your child attended this past school year:

Public School  Charter School  Private  Home School  Other \_\_\_\_\_

Is your Child Proficient in English?  Yes  No

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

Street Address \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code \_\_\_\_\_

Child's Ethnicity  Hispanic  Haitian  Other

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

Child's Current Grade

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Does your child receive or qualify for free/reduced price lunch at school during the academic school year?

Yes  No

Child's School Name:

City:

State:

Has your child ever attended a *CDF Freedom Schools* Summer program before?  Yes  No

Has your child ever attended *Trinity Church Freedom Schools Summer Blast*?  Yes  No

If yes, how many years has your child participated in the *CDF Freedom Schools* Summer program? \_\_\_\_

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](http://www.thechildrenstrust.org))

If yes, what is your child's Health Insurance Carrier? \_\_\_\_\_

Has your child been in foster care at any point in his or her life?  Yes  No

Has a doctor, health professional, teacher, or other official ever informed you that your child has a learning disability?  Yes  No

Does your child participate in any of the following educational programs (check all that apply)?  Bilingual Education  ESL/LEP  Special Education  Gifted and Talented  Other \_\_\_\_\_

**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)**

- |  |   |
|--|---|
| <input type="checkbox"/> Speaks and is easily understood       | <input type="checkbox"/> Uses communication devices like pictures or a board    |
| <input type="checkbox"/> Speaks but is difficult to understand | <input type="checkbox"/> Uses gestures like pointing, pulling or blinking       |
| <input type="checkbox"/> Uses sign language                    | <input type="checkbox"/> Uses sounds that are not words like crying or grunting |

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

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

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

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

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 \_\_\_\_\_

<input type="text"/>	<input type="text"/>	<input type="text"/>
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**What is your household size? # of children (under 18 yrs.?)**

**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.

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

**Family Information**

Child's Primary Caregiver (full name) \_\_\_\_\_  Male  Female

Mother  Father  Grandmother  Grandfather  Guardian  Other \_\_\_\_\_

Primary Caregiver Email	
Primary Caregiver's Phone	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Mother's Birthplace: <input type="checkbox"/> USA <input type="checkbox"/> Other: _____	Father's Birthplace: <input type="checkbox"/> USA <input type="checkbox"/> Other: _____
<b>Mother's Ethnicity</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Haitian <input type="checkbox"/> Other	<b>Father's Ethnicity</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Haitian <input type="checkbox"/> Other
Mother's Race (select only one): <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Multiracial	Father's Race (select only one): <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Multiracial
<b>Mother's Education:</b> <input type="checkbox"/> Highschool <input type="checkbox"/> Some College <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Some Graduate School <input type="checkbox"/> Graduate Degree	<b>Father's Education:</b> <input type="checkbox"/> Highschool <input type="checkbox"/> Some College <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Some Graduate School <input type="checkbox"/> Graduate Degree

**How did you find out about TCA, Freedom Schools® or our Preschool program?**

- |   |   |
|---|---|
| <input type="checkbox"/> Internet or email correspondence | <input type="checkbox"/> Research                               |
| <input type="checkbox"/> Personal contact or relationship | <input type="checkbox"/> School or educational institution      |
| <input type="checkbox"/> Mailing                          | <input type="checkbox"/> Child or youth services agency/program |
| <input type="checkbox"/> Church                           | <input type="checkbox"/> Work                                   |
| <input type="checkbox"/> Event advertising                |   |
| <input type="checkbox"/> Other _____                      |   |

**Do you consider Trinity Church your home church?**  Yes  No

**If you attend a different church, what is the name of your church?** \_\_\_\_\_

**How often do you attend Sunday church services? About . . .**

- |  |  |
|--|--|
| <input type="checkbox"/> Weekly        | <input type="checkbox"/> Whenever there is a special event |
| <input type="checkbox"/> Twice a month | <input type="checkbox"/> Never                             |
| <input type="checkbox"/> Once a month  |  |

**What is your annual household income? (Please select from the list below)**

**Note:** Household income information is **confidential** and will NOT be shared with third parties. The *Children's Defense Fund* requests this information in order to better serve and assess the needs of our *CDF Freedom Schools®* program participants

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> \$0 - 20,000      | <input type="checkbox"/> \$45,001 - 50,000 | <input type="checkbox"/> \$75,001 - 80,000 |
| <input type="checkbox"/> \$20,001 - 25,000 | <input type="checkbox"/> \$50,001 - 55,000 | <input type="checkbox"/> \$80,001 - 90,000 |
| <input type="checkbox"/> \$25,001 - 30,000 | <input type="checkbox"/> \$55,001 - 60,000 | <input type="checkbox"/> \$90,001 -        |
| <input type="checkbox"/> \$30,001 - 35,000 | <input type="checkbox"/> \$60,001 - 65,000 | <input type="checkbox"/> 100,000           |
| <input type="checkbox"/> \$35,001 - 40,000 | <input type="checkbox"/> \$65,001 - 70,000 | <input type="checkbox"/> Over \$100,000    |
| <input type="checkbox"/> \$40,001 - 45,000 | <input type="checkbox"/> \$70,001 - 75,000 |  |

To create the best program with the lowest possible price for families, Trinity Church partners with a number of different organizations that request demographic information for program quality, research, and evaluation. Please complete all information as carefully as possible. We keep all data confidential and secure. Published reports will not contain any personal identifiable information of your child or family.

**I give my permission for this information to be submitted to Trinity Church, The Children's Trust and/or the Children's Defense Fund. I understand that this information may be used for program quality, academic research, and evaluation purposes. The Children's Trust provides funding for the program.**

<b>PARENT/GUARDIAN SIGNATURE</b> _____	<b>DATE</b> _____
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# POLICIES AND PROCEDURES

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The administration and the staff take the rules and guidelines seriously and I the undersigned parent/guardian acknowledge that I agree to cooperate with the policies stated in the Handbook and the Guidelines.

**Daily Check In / Check Out:** Parents/Guardians must use the computerized attendance system to check each child in and out each day. Each adult picking up or dropping off will be registered in our system with a fingerprint. If a sign-in sheet is necessary, the parent/guardian is asked to fill out the sheet appropriately. The time the child arrives and departs must be documented. Black or blue ink must be used. The signature or printing of the name must be legible. The use of pencil is not acceptable.

*School Readiness Sign-in Sheets:* \$15 per day will be added to the ledger for each day that the parent does not appropriately check in or out.

## Permission for “Journey Walks”

I understand that periodically my child may participate in a “Journey Walk” to explore the Trinity Church campus. I give permission for my child to participate in these on-campus walks.

## Written Policy for Recurring Behavior Problems and Accident / Injury reports

An incident report will be written for: **1) student behavior problems; 2) accidents or injury; 3) parent concerns.** At the time of pick-up, the parent must sign the incident report signifying that they have read and understand the contents of the report.

Our program will insure that age-appropriate, constructive disciplinary practices are used for your child. This care will allow the child time to look over his or her behavior. We will encourage children to choose alternatives to improper behavior. To insure a safe and successful program, discipline is a must. We welcome the ideas of parents, so feel free to share them with us.

1. Children will be corrected and asked to change their behavior.
2. Children will be re-directed from the situation.
3. Children will be placed in “Time Out.”
4. Parents will be contacted if behavior is not corrected.
5. Children will not be subjected to discipline which is severe, humiliating, or frightening.
6. Discipline will not be associated with food, rest, or toileting.
7. Spanking or any other form of physical punishment is prohibited.

## TRANSPORTATION AGREEMENT

I hereby release, forever discharge and agree to hold harmless Trinity Church and Freedom Schools, its directors, employees and volunteers, from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the above named child that occur during any activities. Furthermore, I hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in these activities. The undersigned further agrees to hold harmless and indemnify the above mentioned Trinity Church Freedom Schools, its directors, employees, and volunteers, for any liability sustained by said organization(s) as the result of the negligent, willful or intentional acts of the below named child, including expenses incurred attendant thereto.

## AUTHORIZATION FOR PHOTOGRAPHY / VIDEO

As the parent or guardian of the above named child, I hereby authorize and give consent to service providers and the staff of Trinity Church and The Children’s Trust as follows:

I hereby consent and authorize the staff of Trinity Church, The Children’s Defense Fund, or The Children’s Trust 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 my identity through the image itself without any compensation to me, my children or my wards.

Any and all Recordings taken of me shall be the sole property of Trinity Church, CDF, or The Children’s Trust.

With regard to the use of any Recordings taken of me, my children or my wards, I hereby waive any and all present and future claims I may have against Trinity Church, The Children’s Trust, their staff, service providers, employees, agents, affiliates and Board members.

I, (Print Parent Name) \_\_\_\_\_ have received in writing the disciplinary practices used by this child care facility. I have read and understand the Policies and Procedures on this page.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date





# PERMISSION FOR EMERGENCY MEDICAL TREATMENT

In case of an accident or serious illness, I request that the school notify me immediately. If the school is unable to reach me, I hereby authorize the school to call the physician indicated on the registration form and follow those instructions. If it is impossible to contact my child's physician, or if the situation requires immediate medical care, the school may make whatever emergency arrangements necessary. I guarantee payment of all charges incurred for medical treatment. All medical expenses for my child are my responsibility.

DOES YOUR CHILD HAVE ANY MEDICAL CONDITIONS OR ALLERGIES? (Please check one) <input type="checkbox"/> Yes <input type="checkbox"/> No							
If yes, please check all that apply:							
ADD/ADHD	Asthma	Bee Sting	Diabetes	Hearing Loss	Heart Condition	Migraines	Severe Allergy/Anaphylaxis
Other		Describe					
Does your child need medication at SCHOOL? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, see below*) List medication(s) at school:							
Medication at home? <input type="checkbox"/> Yes <input type="checkbox"/> No List medication(s) at home:							
Physical Limitations? (Please check one) <input type="checkbox"/> Yes <input type="checkbox"/> No							
If yes, please describe:							
Please check the appropriate box if your child requires: <input type="checkbox"/> Glasses <input type="checkbox"/> Contacts							
<b>Medical Insurance Information</b>							
Insurer			Group #			ID #	
Physician			Address			Phone	
Dentist			Address			Phone	
Hospital(s) Preferred							

\*The parent/guardian is responsible for keeping Trinity Church Freedom Schools and Trinity Christian Academy informed of updates or changes to the student's emergency and health information.

\*It is the policy of Trinity Church Freedom Schools and Trinity Christian Academy NOT to administer medication.

\*I give my permission for my child to take part in all school activities including sports and school-sponsored trips away from the school premises. If it should become necessary for my child to receive medical treatment for any reason during any of these activities, I authorize school personnel to make arrangements for my child to receive medical care, including transportation. I understand that my medical insurance acts in a primary position and I agree to bear all costs incurred. I hereby release Trinity Church and its staff from any liability related to personal damage or injury. Furthermore, I take full responsibility for my child's actions and will pay for any damages caused by my child.

I hereby certify that all the above information is true and correct to the best of my knowledge.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date



# FINANCIAL RESPONSIBILITY

**How to Pay Your Bill:** We use Tuition Express for our billing. Please complete the TE form. We accept payments by all major credit cards, automatic debit from your bank account or money orders. We do NOT accept personal checks or cash.

An Online payment option is available. Ask the Office for your personal log-in information.

Tuition is due Friday, the week BEFORE attendance.

Initial

**No tuition refunds or credit will be given for days your child is absent.**

**If your child is sick; you are still responsible for the tuition.**

Initial

**At 4:15 PM, all Freedom Schools® children will be transferred into Aftercare. It is your responsibility to clock your child out of the attendance system using the**

**Check Out program on one of the computers available. Any child not clocked out by 4:15 PM will be charged an Aftercare fee for that day.**

Initial

**A \$1.00 per minute late fee will be charged for picking up your child later than 6:00 P.M. These fees will be added to your account and payment is expected immediately.** Please be advised that Trinity Church Freedom Schools is required to report to the Department of Children & Families repeated tardy pick-ups.

<b>Summer Registration Fee Per Child (Non-refundable)</b>	
Preschool Summer Program	\$100.00
Kindergarten Summer Program	\$70.00
Freedom Schools® Summer Program	\$70.00

<b>Age / Grade</b>	<b>Weekly Tuition</b>	
Toddler 2 Years	7am – 6pm	\$150
Pre-K 3 & 4 (MUST BE POTTY TRAINED)	7am – 6pm	\$150
Freedom Schools®, Going into Kindergarten (Age 5 by September 1, 2017)	7:30am – 4pm	\$85
Freedom Schools® Going into 1 <sup>st</sup> – 8 <sup>th</sup> (Age 6 by September 1, 2017)	7:30am – 4pm	\$65
Freedom School Aftercare	4pm – 6pm	\$5 per day

**10% Sibling Discount** (in the same family; living in the same household)

IF YOU ARE GOING TO BE LATE PICKING UP YOUR CHILD/CHILDREN, PLEASE CALL THE OFFICE AT:  
**786-888-5433**

The late fees will still apply; however, we will be able to assure your child that you are on your way.

**Withdrawal Procedures:** A parent wishing to withdraw a student must complete a Withdrawal Notice Form which is available at the School Office. All student accounts must be paid in full, before withdrawal. Non-payment of an outstanding bill will be turned over to collections and reported to your funding agency that reserves the right to terminate your voucher.

*If your child is absent for 5 days, their slot will not be held unless paid for in advance. A re-enrollment fee may be required. Weekly payment is due even if the child is out sick.*

I the undersigned parent/guardian agree to comply with the financial policies. I *understand* and *agree to pay* for all tuition fees and services. Additionally, I understand that the registration fees are **NON-refundable**.

Parent Name (Please Print): \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

17801 NW 2<sup>nd</sup> Ave., Miami, FL 33169  
DCF Childcare License #C11MD1596  
School Office: 786-888-LIFE Church Office: 786-888-HOPE



## Children's Defense Fund Freedom Schools® Program Parent/Guardian Commitment Form

### Roles, Responsibilities and Commitments for Parents, Guardians and Families

I, \_\_\_\_\_, understand that the *Children's Defense Fund Freedom Schools*® program sponsored by Trinity Church uses models, curriculum, and training provided by the Children's Defense Fund (CDF). CDF seeks to ensure every child a **Healthy Start**, a **Head Start**, a **Fair Start**, a **Safe Start**, and a **Moral Start** in life and successful passage to adulthood with the help of caring families and communities. I understand that a key goal of the *CDF Freedom Schools*® program is to involve parents in the life of the program as active participants in the learning experiences of their children.

Because children **do what we do and not what we say**, I understand that all adults, including parents, guardians, and adult family members of children enrolled in the *CDF Freedom Schools*® program, are expected to be positive role models, to communicate the importance of academic achievement, and to contribute to the creation of a caring and nurturing learning environment in which every child is valued and seen as capable of achieving.

I agree that during the time my child(ren) is enrolled in the *CDF Freedom Schools*® program, I will:

- Volunteer in the school at least once a week;
- Participate in weekly parent workshops;
- Do my part to help make the *CDF Freedom Schools*® program a caring and nurturing learning environment; and
- Ensure that my child(ren) is/are in attendance on a daily basis.

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Signature of Parent

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Date

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Signature of Site Coordinator

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Date



Florida Department of Health  
 Child Care Food Program  
 Child Participation Form

Name of Child: \_\_\_\_\_ Name of Facility: Trinity Christian Academy

Dear Parent:

Please fill out the following information so that your child may participate in the Child Care Food Program which reimburses child care providers for serving nutritious, well-balanced meals to children in childcare.

If child care hours are the same every day, please complete this chart		
Day	Normal Hours in Care	Meals Normally Received While in Care
Mon. – Fri.	_____AM / PM To _____AM / PM	<input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Dinner

If child care hours are <u>NOT</u> the same every day, please complete this chart		
Day	Normal Hours in Care	Meals Normally Received While in Care
Monday	_____AM / PM To _____AM / PM	<input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Dinner
Tuesday	_____AM / PM To _____AM / PM	<input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Dinner
Wednesday	_____AM / PM To _____AM / PM	<input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Dinner
Thursday	_____AM / PM To _____AM / PM	<input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Dinner
Friday	_____AM / PM To _____AM / PM	<input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Dinner

Check here if your child has no regularly scheduled hours of care.

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**CHILD CARE FOOD PROGRAM FREE AND REDUCED-PRICE MEAL APPLICATION**

Authorization #: I-5174

Child's Name: \_\_\_\_\_ Center Name & Address: Trinity Christian Academy, 17801 NW 2<sup>nd</sup> Ave., Miami Gardens, FL 33169

Please read the instructions and accompanying Parent Letter before completing this form. If you need assistance completing this form, call: 786-888-5433

**STEP 1: Complete the following table for all INFANTS and CHILDREN through age 18 that reside in the household, even if not related. (include child listed at top of form)**

Child's Name (Last Name, First Name)	Date of Birth	Attends this center? (circle)	Foster Child? (circle)	Migrant? (circle)	Homeless/Runaway? (circle)
		Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No	Yes No

**STEP 2: Do any household members (children or adults) receive Food Assistance Program (FAP/SNAP) or Temporary Assistance for Needy Families (TANF) benefits?**

If NO, go to STEP 3. If YES, enter one of the following case numbers, then go to STEP 4.

FAP/SNAP Case Number: \_\_\_\_\_ or TANF Case Number: \_\_\_\_\_

**STEP 3: Household income and adult household member information (see reverse side for what types of income to report) (skip this step if you listed a case # in STEP 2)**

Total children's income: \$ \_\_\_\_\_ How often received? (check only one):  Weekly  Bi-Weekly  Twice a Month  Monthly  Annually

- A. Children's Income – sometimes children earn or receive income. Enter the total income received by all children listed in STEP 1, then check how often the income is received.
- B. Adult Household Members and Income – list all adult household members (age 19 and up) even if they do not receive income. For each adult, list the total gross income (before taxes & deductions) from each source in whole dollars only (no cents) and how often it is received (i.e., weekly, bi-weekly, twice a month, monthly, or annually). For an adult that does not receive income from any source, write "none" or "0." If you enter "none" or "0" or leave any income fields blank, you are certifying that there is no income to report.

Adult Household Member's Name (Last Name, First Name)	Earnings from Work (\$ Amount / How often?)	Public Assistance/Child Support/Alimony (\$ Amount / How often?)	Pensions/Retirement/All Other Income (\$ Amount / How often?)
	\$ /	\$ /	\$ /
	\$ /	\$ /	\$ /
	\$ /	\$ /	\$ /

Total Household Members (children and adults): \_\_\_\_\_ Last four digits of Social Security Number (SSN) of adult household member: \_\_\_\_\_ If no SSN, write "none."

**STEP 4: Contact information and adult signature**

By signing below, I am certifying (promising) that all information on this application is true and that all income is reported. I understand that this information is being given in connection with the receipt of federal funds and that institution officials may verify (check) the information. I am aware that if I purposely give false information, I may be prosecuted under applicable state and federal laws.

Home address (if available): \_\_\_\_\_ Daytime phone #: (\_\_\_\_\_) \_\_\_\_\_ – \_\_\_\_\_

Street Address, City, State, Zip Code

Signature of adult household member: \_\_\_\_\_ Printed name: \_\_\_\_\_ Date signed: \_\_\_\_\_

**FOR CONTRACTOR USE ONLY**

Categorical Eligibility:  FAP/SNAP or TANF Household  Foster Child Total Household Size: \_\_\_\_\_ Total Household Income: \$ \_\_\_\_\_

Eligibility Determination:  Free  Reduced-Price  Non-needy How Often Income is Received (Frequency):  Weekly  Biweekly  Twice a Month  Monthly  Annually

NOTE: If different income frequencies are listed, convert all income to an annual amount. Annual Income Conversion: Weekly x 52, Biweekly x 26, Twice a Month x 24, Monthly x 12

Reason for Non-needy Status:  Income too High  Incomplete Application  Other Reason: \_\_\_\_\_

**INSTRUCTIONS for completing the Free and Reduced-Price Meal Application (use a pen and print all information other than signature)**

**IF ANY MEMBER OF YOUR HOUSEHOLD RECEIVES FOOD ASSISTANCE PROGRAM (FAP/SNAP) OR TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) BENEFITS, FOLLOW THESE INSTRUCTIONS: STEP 1:** List all children age 18 and under that are supported with the household's income, even if they are not related to you. Be sure to include the child listed at the top of the form. If there is not enough space to list all children, use a second form and attach the forms together. List the date of birth of each child. In the next three columns, circle Yes or No to answer each question for each child listed. **STEP 2:** Enter either the FAP/SNAP or TANF case number in the designated space. The case number will be on your letter of eligibility; it is not the number on your EBT card. **STEP 3:** Skip this step. **STEP 4:** Enter your address and phone # (if available). An adult household member must sign the form. Print the name of the person who signed the form, then enter the date signed.

**IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS:** With appropriate documentation, foster children are automatically eligible for free meals regardless of the income of the household where they reside. You have the option to provide the child care center with official documentation from the foster care agency or court that placed the child in the household, rather than completing this application. Should you choose to complete this application, and you are applying only for a foster child(ren), then only complete STEPS 1 and 4. If you are applying for foster and non-foster children, complete STEPS 1, 3, and 4. If completing STEP 3, do not include payments to the household for the care of the foster child(ren). See the instructions listed below for the applicable steps.

**ALL OTHER HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:** STEP 1: List all children age 18 and under that are supported with the household's income, even if they are not related to you. Be sure to include the child listed at the top of the form. If there is not enough space to list all children, use a second form and attach the forms together. List the date of birth of each child. In the next three columns, circle Yes or No to answer each question for each child listed. STEP 2: Skip this step. STEP 3: A. Enter the total income received by all children listed in STEP 1, then check how often the income is received. B. List all adults age 19 and older that are supported with the household's income, even if they are not related to you and even if they receive no income. If there is not enough space to list all adults, use a second form and attach the forms together. For each adult, list the amount of income he/she regularly receives before taxes or anything else is taken out and how often the income is received (frequency) in the appropriate columns. If self-employed, list net income. See examples below for sources of income to report. For any adult with no income, write "none" or "0." Any income fields that are blank will also be counted as a zero (0). Enter the total number of household members (all children and adults), then list the last four digits of the social security number (SSN) of the adult completing/signing the application (or write NONE if he/she has no SSN). STEP 4: Enter your address and phone # (if available). An adult household member must sign the form. Print the name of the person who signed the form, then enter the date signed.

Sources of Income for Children		Sources of Income for Adults		
Earnings from work	A child has a regular full or part-time job where they earn a salary or wages	Earnings from Work	Public Assistance/ Alimony/Child Support	Pensions/Retirement/All Other Income
Social Security • Disability Payments • Survivor's Benefits	<ul style="list-style-type: none"> <li>• <input type="checkbox"/> A child is blind or disabled and receives Social Security benefits</li> <li>• <input type="checkbox"/> A parent is disabled, retired, or deceased, and their child receives Social Security benefits</li> </ul>	<ul style="list-style-type: none"> <li>• Salary, wages, cash</li> <li>• bonuses</li> <li>• Net income from self employment (farm or business)</li> <li>• If you are in the U.S. Military: • Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)</li> <li>• Allowances for off-base housing, food and clothing</li> </ul>	<ul style="list-style-type: none"> <li>• Unemployment benefits</li> <li>• Worker's compensation</li> <li>• Supplemental Security Income (SSI)</li> <li>• Cash assistance from State or local government</li> <li>• Alimony payments</li> <li>• Child support payments</li> <li>• Veteran's benefits</li> <li>• Strike benefits</li> </ul>	<ul style="list-style-type: none"> <li>• Social Security (including railroad retirement and black lung benefits)</li> <li>• <input type="checkbox"/> Private pensions or disability benefits</li> <li>• Regular income from trusts or estates</li> <li>• <input type="checkbox"/> Annuities</li> <li>• Investment income</li> <li>• <input type="checkbox"/> Earned interest</li> <li>• Rental income</li> <li>• Regular cash payments from outside household</li> </ul>
Income from person outside the household	A friend or extended family member regularly gives a child spending money			
Income from any other source	A child receives regular income from a private pension fund, annuity, or trust			

The Richard B. Russell National School Lunch Act requires that, unless you list a current Food Assistance Program (FAP/SNAP) or Temporary Assistance for Needy Families (TANF) case number or are applying for a foster child, you must include the last four digits of the Social Security Number (SSN) of the adult household member signing the application or indicate that the signer does not have a SSN. Providing the last four digits of a SSN is not mandatory, but if this information is not given or an indication is not made that the signer does not have a SSN, the application cannot be approved. The information provided on this form may be verified through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a welfare office to verify receipt of FAP/SNAP or TANF benefits, contacting the state employment security office to determine the amount of benefits received, and checking any documentation produced by the household to prove the amount of income received. These verification efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported. We may share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs; auditors for program reviews; and law enforcement officials to help them investigate violations of program rules.

This institution is an equal opportunity provider. Please refer to the accompanying Parent Letter to read the full Nondiscrimination