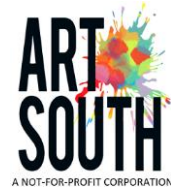




CHILD INFORMATION FORM



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](http://www.thechildrenstrust.org/parents/health-connect/insurance).)

Child's Parent/Guardian (full name) \_\_\_\_\_

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.)

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

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

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

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

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

- Autism spectrum disorder
- Developmental delay (only if under age 5)
- Intellectual/developmental disability (over age 5)
- Hearing impairment or deaf
- Learning disability (school age)
- Medical condition or illness
- Physical disability or impairment
- Problems with aggression or temper
- Problems with attention and hyperactivity (ADHD)
- Problems with depression or anxiety
- Speech or language condition
- Visual impairment or blind
- 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:**

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*If you are interested in other services funded by The Children's Trust, please call 211 or visit [www.thechildrenstrust.org](http://www.thechildrenstrust.org). For special needs resources for your child, visit [www.advocacynetwork.org](http://www.advocacynetwork.org) or [www.thechildrenstrust.org/cwd](http://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.

<b>PARENT/GUARDIAN SIGNATURE</b> _____	<b>DATE</b> _____
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**FOR STAFF USE ONLY (MUST BE COMPLETED)**

ORGANIZATION ArtSouth, A Not for Profit Corporation      SITE \_\_\_\_\_

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

**Please list 3 persons authorized to pick up your child from camp and for emergency contact**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

1. My child has permission to take field trips planned with the classes.
2. I understand that ArtSouth is not responsible for any personal items (i.e. clothing, games, ipods, cell phones or money) my child brings to camp.
3. I give permission to ArtSouth and all persons acting with its permission, the right and permission to obtain, use copyright, and/or publish photographic or video images of the above name registrant, in which the registrant is in whole or in part. It is my understanding that such pictures are for the purpose of art, advertising, trade, and any other lawful purpose whatsoever. I understand that I will not have any opportunity to approve nor review the finished product that may be used in connection therein or the use to which it may be applied.
4. **\*\*Authorization for Emergency Medical-Surgical Treatment**—I understand that in the event I cannot be reached, I hereby grant permission to the physician or hospital selected by the camp administration to secure proper treatment for, order injection, anesthetic, or perform surgery on my child. I hereby give permission or arrange necessary transportation to a hospital. I understand that ARTSOUTH will not be held liable for injury or damage to my child(ren) while on campus or field trips. be reached, I hereby grant permission to the physician
5. **Non-refund policy:** In order to accomadate each of our campers fully, ArtSouth hires staff and purchases supplies based upon enrollment numbers. Therefore, we cannot assume financial responsibility of any no-shows. The registration fees and summer camp tuition is NON-REFUNDABLE.

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

\_\_\_\_\_  
Date

ArtSouth  
 5825 SW 68<sup>th</sup> Street Suite 2, office 202  
 South Miami, FL 33143-3611  
 Phone: (305) 662-1423 Fax: (305) 662-1451  
 www.artsouthmiami.org  
 info@artsouthmiami.org

Nonrefundable Registration Fee: \$30 \_\_\_\_\_ Cash      Check # \_\_\_\_\_      \_\_\_\_\_ Credit/Debit Card

Early Bird Tuition Fee: \$150 per 2-week session (\$75 per week) paid-in-full before April 30, 2019

Tuition: \$170 per 2-week session (\$85 per week), after April 30, 2019

**PLEASE CHECK WHICH SESSIONS YOUR CHILD WILL ATTEND BELOW:**

Session 1/Wk 1 June 17 –21 \_\_\_\_\_

Session 2/Wk 1 July 15 – July 19 \_\_\_\_\_

Session1/Wk 2 June 24-28 \_\_\_\_\_

Session2/Wk 2 July 22 - 26 \_\_\_\_\_

Session 1/Wk 3 July 1- 5 \_\_\_\_\_

Session 2/Wk 3 July 29-Aug 2 \_\_\_\_\_

Session 1/Wk 4 July 8 – 12 \_\_\_\_\_

Session 2/Wk 4 August 5 -9 \_\_\_\_\_

PAID AMOUNT: \_\_\_\_\_

RECEIPT #: \_\_\_\_\_