East Atlanta Kids Club Sci-Tech Fun & Fitness

Summer Camp Registration Form 2020

Child Information

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____ County _____

Date of Birth _____ School _____ School Grade Level (2020-2021) _____

Gender: ____ Male _____ Female Tee Shirt Size: Small___ Med___ Lg___ XL___ XXL ___

Parent/Guardian Information

First Name _____ Last Name _____

Phone Number (Home) _____Phone Number (Work) _____

Phone Number (Mobile) _____ Email Address _____

Are you the child's custodial parent? ___ Yes ____ No

If not, please provide: Name of child's custodial parent: _____

Phone number of custodial parent: _____

Emergency Contact Information (Please list an emergency contact other than yourself.)

Emergency Contact 1 Name_____

Phone Number _____ Relationship to Child _____

Emergency Contact 2 Name_____

Phone Number _____ Relationship to Child _____

Transportation Needs (Check one.)

___ Bus Rider. I would like my child to ride the EAKC bus. (Based on home address and capacity.)

___ Car Rider. I will drop off and pick up my child from summer camp.

In-Person Learning Experience (Check one.)

___ My child will not participate in any in-person learning experiences.

___ I would like my child to participate in an in-person learning experience.

IN-PERSON LEARNING EXPERIENCES

The seat capacity for learning experiences is 10-15 students due to COVID-19 social distancing considerations. All in-person classes will take place weekly on Thursday or Friday between 10am and 2pm. Students must come ready to fully participate for the full length of the activity with no unexcused absences. Students will be assigned to a learning experience based on preference and seat capacity. Assignments will be shared at the parent orientation meeting prior to the start of summer camp.

Options. Please rank the in-person experiences based on your child's level of interest and desire to fully participate with 1-being the **MOST** preferred activity. Note: The Music & Songwriting class is reserved for teens only (ages 11-14, rising grade 6 to rising grade 9).

___ Gardening Club

___ Cycling (loaner bikes and helmets will be provided)

___ Music & Songwriting **(Teens Only)**

PARENT PERMISSION FORM

I, _____ , the parent/ guardian of _____, permit my child to participate in the **East Atlanta Kids Club Summer Camp Program** (hereafter "the Program"). I have read and understand the rules, regulations, and structure of the Program. I have met with an EAKC staff member to discuss my child's participation. I understand that some of the people who serve as tutors and mentors in the Program are a mix of paid professionals and adult volunteers from the community who have been carefully screened by the organization. The meetings between my child and their tutors/mentors will take place both at the site of the Program (Brownwood Park Recreation Center) and off-site. On some occasions, staff and/or volunteers will transport my child to and from the Program site and my child's residence, as well as to and from field trip venues. I understand that all contacts between volunteers and my child are scheduled, monitored by EAKC staff, and evaluated. Any additional contacts between the adult mentors and my child/children must be scheduled in advance and be approved by me.

I understand that East Atlanta Kids Club is a free Program offered at no charge to children and their parents. The Program does not require cash or inkind donations or payments.

I assume all risks and hazards incidental to the conduct of the Program activities. In the event of any injury or loss to my child, I hereby release, absolve, indemnify and hold harmless the East Atlanta Kids Club, the organizers of the activities, sponsors, supervisors, and volunteers, any and all of them. I hereby waive all claims against the East Atlanta Kids Club, its supervisors, sponsors and volunteers related to this program. Further, I hereby give my permission to the person in charge of the program to take my child or children to a doctor or hospital in case of injury.

I reserve the right to withdraw my child from the program at any time.

_____ _____

(Parent/Guardian) (Date)

ACKNOWLEDGMENT OF PROGRAM LICENSURE STATUS

I hereby acknowledge that I have been advised and understand that the East Atlanta Kids Club (EAKC) operates tutoring, mentoring and enrichment programs not licensed by the Georgia Department of Early Care and Learning (DECAL) at Brownwood Recreation Center. I further understand that EAKC has been granted an Exemption from Georgia DECAL to operate its programs.

Understanding this, I choose to enroll my child/children in EAKC program(s).

_____ _____

Signature Date

AUTHORIZATION FOR RELEASE OF EDUCATIONAL INFORMATION

RE: _____ (Child's Name)

I, _____, personally and as parent/guardian of _____(my child), hereby consent and authorize the release of educational information concerning _____ (my child) to the EAST ATLANTA KIDS CLUB. This information includes: **any and all records of the above-named child's school attendance, grades, standardized test scores, conduct and disciplinary actions,** for the past three school years, or for the time periods requested by EAST ATLANTA KIDS CLUB.

Please provide such information to Ryan Downey, Executive Director, EAST ATLANTA KIDS CLUB, or their designees, at 602 Brownwood Avenue, SE, Atlanta, GA 30316. Phone: 404-627-8050.

Please cooperate with EAST ATLANTA KIDS CLUB in securing the information requested.

This release is for all purposes and has an indefinite duration, unless otherwise limited herein. All other prior releases are hereby revoked unless noted as an exception herein. You are instructed that the release of this information pursuant to this authorization is not intended to alter, waive or destroy the confidential nature of information retained by you, nor to relieve you from continuing duties to safeguard such information.

Photocopies of this release shall be deemed to be the original and the same consideration shall be given the photocopy as if the original was presented. Please be sure that any photocopies provided are readable copies.

This release may be revoked by me in writing.

If you have any questions concerning this release, please contact EAST ATLANTA KIDS CLUB at the number and address above.

_____ _____

Parent/Guardian Date

east atlanta kids club

Medical History

Child's name: _____

Parent / Guardian name: _____

Name of Primary Care Physician: _____ Phone No.:_____

Medical Insurance Provider: _____

Policy Number: _____ Insurance Co. Phone No.: _____

Insurance Co. Address: _____

Does your son/daughter have any physical problems or limitations?

Is your son/daughter currently receiving treatment for any medical issues?

Is he/she currently on any type of medication? Is so, please specify.

Does your son/daughter have any known allergies or adverse reactions to medications? If yes, please describe them below:

Does your son/daughter have any emotional issues or problems right now?

Is your son or daughter currently seeing a counselor or therapist?

Therapist's Name: _____

Medical Waiver and Release Form

I, the parent/guardian of the child named below, hereby give my permission for his/her participation in the East Atlanta Kids Club After-School Mentoring and/or Summer Camp program (the "Program"). On behalf of my child, I assume all risks and hazards incidental to the conduct of the Program.

In consideration of my child being permitted to participate in the Program, I hereby waive, release, discharge, indemnify, and hold harmless the East Atlanta Kids Club, its officers, directors, members, employees, and agents, as well as all organizers, sponsors, partners, supervisors, volunteers, and participants involved in the presentation of the Program, and each of their officers, directors, members, employees, and agents, from all liability for any damage, loss, or injury to person or property which may be sustained as a result of my child's participation in the Program, even if such damage, loss, or injury is the result of negligence, in whole or in part, of any of these entities.

Further, I hereby give my permission to have my child treated on the scene and/or to take my child to a doctor or hospital in case of any injury at the Program. I hereby acknowledge that I have carefully read and understand this Waiver and Release agreement and that I am freely and voluntarily signing it.

Child's Name _____

Parent/Guardian Signature _____

Date _____

In case of an emergency, if I cannot be reached, please contact:

Name _____

Phone _____

Relationship to Child _____

659-A Gresham Avenue, S.E. Atlanta, Georgia 30316
404.627-8050 www.eastatlantakids.org

Photo, Video and Audio Consent and Release Form

From time to time photographs, videos, and/or audio clips may be taken of youth engaging in East Atlanta Kids Club programs and activities. East Atlanta Kids Club requests the right to use all photos, videos, and/or audio clips taken of youth participating in EAKC programs and activities. These may be used for promotional brochures, newsletters, promotions or showcase of programs on our web site, showcase of our activities in local newspapers, and other editorial and not-for-profit purposes.
I give my child permission to participate in East Atlanta Kids Club online classes using the Zoom video conferencing service. I understand that the live session may be recorded and may contain audio and visual interactions that include my child.

By signing this form, I consent to allow the East Atlanta Kids Club to use photos, videos, and/or audio clips that they have of my child,_____, participating in EAKC programs And activities, whether taken by EAKC staff, volunteers, or by other parties to whom EAKC has given permission to do so. By signing this form, I confirm that I am the parent/ guardian of the above-named child, and that I understand and agree to the above request and conditions. I also agree to waive my rights and claims with regards to EAKC photos, videos, and/ or audio clips of my child.

I sign the form freely and without inducement.

Name (print):_____

Signature:_____ Date:_____

Approved Guardian List

I _____ give permission for

(PARENT FULL NAME)

Name _____ Relationship_____

Name _____ Relationship_____

Name _____ Relationship_____

Name _____ Relationship_____

Name _____ Relationship_____

To pick up

_____

_____

From East Atlanta Kids Club. I affirm that the person(s) listed are 18 years or older and can provide a valid photo ID.

_____ _____

(PARENT SIGNATURE) (DATE)

east atlanta kids club

Household Income Verification Section

Proceed to the next section if you are requesting a needs-based scholarship for your child.

Georgia Division of Family and Children Services
Afterschool Care Program
Youth Participation Eligibility Form

(DFCS funded Agency Name), and the Georgia Division of Family and Children Services (DFCS) are partnering to provide valuable out-of-school programs for youth in Georgia. The information provided on this form will help ensure that eligible youth are benefiting from the partnership. **Please complete this form in its entirety and return it to the identified staff person at the program site. We thank you for your cooperation.**

Form to be completed by Parent/Custodian/Caregiver

Youth Information – ***This section must be completed in its entirety.***

Name of Youth Participant (Last) _____ (First) _____ (MI) _____

Social Security Number _____ - _____ - _____ Gender: _____ Male _____ Female

Date of Birth (mm/dd/yy): ___ ___ /___ ___ /___ ___

Is the youth named above in Foster Care within the state of Georgia Yes No
Note: If the youth is in Foster Care but not in the care of Georgia, please provide the state name _____

Section 1

A. Is the youth applicant a U.S. citizen or qualified alien? Yes No
B. Is the youth applicant a Georgia resident? Yes No
C. Does the youth applicant fall into one (1) or more of the three categories below (Answer YES or NO and check all categories below that apply to the youth)?: Yes No
____Youth applicant is between the age of 5 and 17 years old; **OR**
____Youth applicant is 18 years old and currently enrolled in school *(high school, GED program or equivalent, or post secondary institution)* and will be enrolled in AND attend school during the upcoming academic year *(Verification of school enrollment includes a letter from the school on official school letterhead):* **OR**
____Youth applicant is 18 - 19 years old and has a dependent child AND is the custodial parent

If one (1) or more answers to the questions in Section 1 is NO, the youth **IS NOT** eligible to participate in the DFCS funded services.
If the answer to ALL of the questions in Section 1 is YES, please complete the remainder of the form.

Section 2

Does the youth currently receive benefits or services under any of the programs listed below (Please Note: you will have to provide official verification to the afterschool/summer program. See Appendix C for acceptable forms of verification):

		Yes	No
A.	Temporary Assistance for Needy Families (TANF)		
B.	Supplemental Nutrition Assistance Program (SNAP) *(also known as Food Stamps)*		
C.	Medicaid or Social Security Income (SSI)		
D.	Reduced or free lunch program at school – *Note: This eligibility is only for single youth eligibility. This is not applicable if the entire school population is awarded free lunch in universal eligibility.*		
E.	Peachcare for Kids		

If the answer to at least one question in section 2 is YES, the youth is eligible to participate in the program and the parent/custodian/guardian may complete Section 5. Verification for receipt of services checked in Section 2 must be provided and a copy of the verification must be attached to this eligibility form. If the program does not receive verification of items checked in Section 2, the youth will not be able to participate in the program.

If the answer to ALL of the questions in Section 2 is NO, the parent/custodian/guardian **MUST** complete Section 3, Section 4 and Section 5 for eligibility determination. Verification for items listed in Section 3 and Section 4 must be provided and a copy of the verification must be attached to this eligibility form.

Section 3

If you answered NO to ALL of the questions in Section 2, please review the chart below and enter your family unit size, gross household yearly income and gross household monthly income to determine eligibility.

Family Income Eligibility for the DFCS Afterschool Care Program Income Eligibility Guide

Number of Persons in Family Unit	Federal Poverty Level *	DFCS Afterschool Care Program Annual Household Income Guidelines **	DFCS Afterschool Care Program Monthly Household Income Guidelines
1	$12,490.00	$37,470.00	$3,122.50
2	$16,910.00	$50,730.00	$4,227.50
3	$21,330.00	$63,990.00	$5,332.50
4	$25,750.00	$77,250.00	$6,437.50
5	$30,170.00	$90,510.00	$7,542.50
6	$34,590.00	$103,770.00	$8,647.50
7	$39,010.00	$117,030.00	$9,752.50
8	$43,430.00	$130,290.00	$10,857.50
Each additional person, add	$4,420	Multiply total Federal Poverty Level by 300%	Divide DFCS Afterschool Care Annual Household Income by 12.

* Income based on the Office of the Secretary, U.S. Department of Health and Human Services (HHS) 2019 Poverty Guidelines for the 48 Contiguous States and the District of Columbia. (Source: 84 FR 1167, Page 1167-1168, Document Number: 2019-00621)
** 300 % of the federal poverty level in effect January 11, 2019.

Family Unit Size* _____
Gross Household Yearly Income $_____Gross Household Monthly Income $_____

** See Appendix A for definition of family unit.*

Section 4

Please complete Section 4 by listing your name, the name of the child (ren) who live with you, and the other parent of the child (ren) if s/he lives with you. List any gross monthly income for each.

Household Composition and Income					
Gross Monthly Income is income before taxes and deductions.					
Name (First, Middle, and Last)	Relationship	Date of Birth (MM/DD/YY)	Income Source	Amount (Gross Monthly Income)	How often received?
	SELF				

Updated 9/2019

Section 5

Please review and sign Section 5 as notification and signature of verification.

Applicant Notification and Signature

We are asking for your youth's Social Security number because any person applying for or receiving federal benefits must give us his or her Social Security number. Federal law 409(a) (4) of the Social Security Act and federal regulations (45 CFR 264.10) allow us to collect this information.

By signing this application,

- I swear, under penalty of perjury, that to the best of my knowledge, all the information and statements I've provided in this application are true, and
- I promise to cooperate with any effort to verify the information provided.
- If selected to participate in the program, I promise to abide by all rules and guidelines.

Parent/Guardian/Caregiver Information – ***This section must be completed in its entirety.***

Name of Parent/Guardian/Caregiver (Last, First, MI) _____

Street Address _____ City _____ State _____ Zip Code _____

Home Phone # _____ Work # _____ Cell# _____

_____ _____

Parent/Caregiver/Guardian Printed Name Date

_____ _____

Parent/Caregiver/Guardian Signature Date

Official Use Only Section for DFCS Funded Afterschool/Summer Service Provider:

Total Income: $_____ Per: Week Every 2 Weeks Twice monthly Monthly **Household Size: _____**

***Annual Income Conversion*: Weekly x 4.3333, Every 2 Weeks x 2.1666, Twice Monthly x 2, Monthly x 1**

***Total Converted Annual Income*: $_____ (Round to the nearest whole number)**

By signing below, I certify the information presented within this form was reviewed, verified and confirmed** and meets the DFCS Afterschool Care Program Eligibility rules and guidelines indicated within this form. I also certify this form will be kept in the youth participant's file in a confidential and secured location.

_____ _____ _____

Authorized Program Staff Signature Title Date

***** See Appendix B for income verification proof sources***

APPENDICES

*Appendix A: Family Unit

The Department of Human Services Temporary Assistance for Needy Families (TANF) definition of family includes the dependent child for whom assistance is requested and certain other individuals living in the home with the child who are required to be included in the family.

The following individuals are considered members of the Family Unit:

- A biological or adoptive parent of the dependent child for whom assistance is requested;
- An eligible minor sibling, (whole, half or adoptive) of the dependent child for whom assistance is requested;
- Other children living in the home who are within the specified degree of relationship to the grantee relative but who are not members of the Family Unit; and
- A non-parent relative who is the caretaker if there is no parent in the home or if the only parent in the home receives SSI.

**Appendix B: Income Proof Sources and Applicable Income Sources

Income verification must be obtained and a copy must be attached to the youth's income eligibility form.

Examples of earned income verification are:

- Pay stubs or receipts for the most recent four weeks of earnings;
- W-2 Forms;
- Employer's issued, signed and dated documentation;
- Personal income ledger or tablet (e.g. self-employed)
- Quarterly income tax returns;
- Annual income tax returns when presented in January – March quarter;
- Letter/statement from employer;
- Documentation from other DFCS staff such as the eligibility CM; and/or
- Form 809 or itemized statement completed by the employer.

Examples of unearned income verification are:

- Copy of current check with check stubs (within last 4 weeks);
- Award letters or written, signed and dated statement of payer;
- Social Security Records;
- Worker's compensation records;
- Form 139 – Contribution statement;
- Unemployment insurance claim records;
- Georgia Gateway screen information; and/or
- STARS.

See page 2 of Appendix B for applicable income sources.

Applicable Income

Each of the following sources of income is budgeted in determining eligibility:

Earned

- Wages or salary – Gross income of the applicant is used to determine eligibility
- Net Income from Self-Employment
- Employee commission
- Jury Duty
- Rental Income – (regular and ongoing payments – if engaged in management of property for an average of 20 hours or more per week)
- Roomer Income – (regular and ongoing payments)

Unearned

- Military Allotments
- Cash gifts Charitable gift exceeding $300 received from and organization receiving state or federal funds
- Inheritances
- Insurance Benefits due to Loss of Income – benefits paid from an insurance policy due to loss of income
- Social Security Benefits
- Unemployment Compensation
- Worker's Compensation
- Alimony – (regular and ongoing payments)
- Child Support – (regular and ongoing payments)
- Farm Allotment – payments received from government-sponsored programs, such as Agricultural Stabilization and Conservation Services
- Veteran's Benefits
- Capital Gains
- Interest/Annuity
- Capital Gains/Dividends
- Pension
- Trust Fund
- Disability Payment
- Boarder Income – (regular and ongoing payments)
- Rental Income – (regular and ongoing payments - if engaged in management of property for an average of 20 hours or less per week)
- Deferred compensation through retirement plan

****Appendix C: Acceptable Verification of Benefits or Services**

- **Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), Medicaid, and PeachCare**: Official documentation showing the family/youth is currently receiving benefits at the time of application/enrollment into the afterschool care program (Integrated Eligibility System (IES) documentation, Official Letter from the Georgia Division of Family and Children Services outlining the receipt of benefits).

- **Supplemental Security Income (SSI):** Award letter from the Social Security Administration

- **Free or Reduced Lunch:** Award letter identifying free or reduced lunch as established by individual family eligibility. Note: Programs may receive a listing of students receiving free or reduced lunch granted the listing is on official school letterhead with the disclaimer that all free or reduced lunch eligibility is determined by individual family application. Universal, school-wide, city-wide or district-wide free lunch does not qualify as an acceptable point of eligibility for the DFCS Afterschool Care Program.

Georgia Division of Family and Children Services
Afterschool Care Program

NON-INCOME DECLARATION FORM

I, Mr. /Mrs. /Ms. _____

Parent and/or guardian of_____

hereby declare that I do not have any income at this time.

I have not received income from any of these sources:

- Wages from employment (Ex: commissions, tips, bonuses, fees etc.)
- Income from a business I own
- Rental income from the place I live or other property I own
- Interest of dividend from assets
- Social Security payments (including SSA or SSI), annuities, insurance policies, retirement funds, pension, or death benefits
- Unemployment or disability payments
- Public Assistance payments (Ex: TANF)
- Child support, alimony or gifts received from persons not living in my household
- Any other source not named above

I swear, under penalty of perjury, that to the best of my knowledge, all the information and statements I've provided in this application are true, and I promise to cooperate with any effort to verify the information provided.

_____ _____

Signature of Parent/Guardian Date