



# Touching Miami with Love Summer Application 2025



CHILD/YOUTH INFORMATION FORM  
**\$20.00 REGISTRATION FEE**

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

Child's Date of Birth (MM/DD/YYYY) \_\_\_\_/\_\_\_\_/\_\_\_\_

Child/Youth Gender  Female  Male  Non-binary/Gender non-conforming  Transgender  Other: \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Child's Caregiver (full name) \_\_\_\_\_

Primary Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Is this a cell/mobile phone?  Yes  No Student Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Primary Caregiver Email Address \_\_\_\_\_ Shirt Size: \_\_\_\_\_

*Please note that The Children's Trust may contact you via postal mail, email, or text to ask about your satisfaction with services and inform you of other Trust-funded programs, initiatives, and events that may interest you.*

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

**ALL STUDENTS ATTENDING PUBLIC OR CHARTER SCHOOLS MUST HAVE A SCHOOL ID # ENTERED.**

Child's Current School: \_\_\_\_\_ Child's Current Grade (Pre-K – 12<sup>th</sup>) \_\_\_\_\_

Is your child proficient in English?  Yes  No Preferred Language for contact: \_\_\_\_\_

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

Child's Ethnicity  Hispanic  Haitian  Other, please specify: \_\_\_\_\_ Interested in Adult Literacy: \_\_\_ Yes \_\_\_ No

Child's Race (select one):

American Indian or Alaskan  Asian  Black or African American  Pacific Islander  White  Multiracial  Other: \_\_\_\_\_

**EMERGENCY CONTACT\*** (Other than Parent/Guardian If I cannot be reached, please try to contact my designated alternate(s):

Name	Phone Number
Name	Phone Number
Name	Phone Number

Enter Site (Overtown, West Homestead, William Park): \_\_\_\_\_

Date Received: \_\_\_\_\_

Date Approved: \_\_\_\_\_

Staff Signature: \_\_\_\_\_

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, 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 noted 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?**

- 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 \_\_\_\_\_
- No specific help needed

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

\_\_\_\_\_

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).

Dependency System? (Foster System) Yes No Delinquency System? (Juvenile Detention) Yes No

Child receives Free/Reduced Lunch? Yes No Has child ever been retained? Yes No If yes, what grade(s) \_\_\_\_\_

# OF CHILDREN LIVING AT HOME: \_\_\_\_\_

# OF ADULTS LIVING AT HOME: \_\_\_\_\_

**Food Allergies** Yes No      **Drug Allergies** Yes No      **Other Allergies** Yes No      **Chronic Conditions** Yes No

List: \_\_\_\_\_

List: \_\_\_\_\_

List: \_\_\_\_\_

List: \_\_\_\_\_

**CHILD'S MEDICAL INFORMATION:** EXCEPT AS NOTED, this child is in good health, has no allergies and no chronic conditions which would affect treatment.

**Immunization Records Current?** Yes No  
**Does your child know how to swim?** Yes No  
**Does the child take medication?** Yes No If yes, name of meds \_\_\_\_\_ How often? \_\_\_\_\_  
**Has your family ever experienced gun violence?** Yes No If yes, please briefly explain: \_\_\_\_\_

**Has your child ever experienced any psychological or physical trauma? (death,divorce/separation, parent jail/prison, witness to accident/crime)** Yes No

If yes, please explain: \_\_\_\_\_

**Has your child ever received psychological or psychiatric counseling or treatment?** Yes No

If yes, please explain: \_\_\_\_\_

**Does your child have any past/present illnesses of which we should be aware?** Yes No

If yes, please explain: \_\_\_\_\_

**DISMISSAL INFORMATION**

Dismissal is at **5:45pm during School Year and 5:00pm during Summer Months.**

**JAM NIGHT'S: 8<sup>th</sup>-12<sup>th</sup> grade only (6:00PM-8:00PM)**      **Overtown Site: WEDNESDAY'S**      **Homestead Site: THURSDAY'S**

**CHECK ONE CATEGORY FOR YOUR CHILD'S DISMISSAL:**

**AFTER SCHOOL PROGRAMMING TRANSPORATION/RELEASE**

I will be picking my child(ren) up each day.

I give permission for \_\_\_\_\_ to pick up my child.

Additional Authorized Pickup: \_\_\_\_\_

Additional Authorized Pickup: \_\_\_\_\_

Unauthorized individuals that can not pick up my child: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

My child is in 3rd grade or higher and I give permission to have them walk home. (Younger siblings are allowed to walk with 3rd grade.)

I give my child permission to go home with \_\_\_\_\_ or dropped off to \_\_\_\_\_.

**\*\*\*Touching Miami with Love is NOT responsible for student(s) who do not get on our bus at the designated pickup areas after school.\*\*\***



# Summer Application 2025



## PARENT, GUARDIAN, OR PRIMARY CAREGIVER INFORMATION FORM

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

Are you a parent, guardian or primary caregiver? Yes No

How many children are in your care? \_\_\_\_\_

How many of the children in your care have a disability or condition expected to last for a year or more that makes it harder for them to do things that other children of the same age can do? \_\_\_\_\_

What is the highest level of education you've completed?

Grade \_\_\_\_\_  HS Diploma/GED  Some College  Associate Degree  Bachelor's Degree  Graduate Degree

Are you proficient in English?  Yes  No

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

Ethnicity  Hispanic  Haitian  Other, please specify: \_\_\_\_\_

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

MILITARY FAMILY Yes No MIGRANT FAMILY Yes No PARENT IN JAIL/PRISON Yes No

COMPUTER IN THE HOME Yes No INTERNET ACCESS Yes No

HEAD OF HOUSEHOLD TYPE Single Parent Married 2 Parents Grandparent/Relative

Monthly Family Range: under \$10,000 \$11,000 to \$20,000 \$21,000 to \$35,000 over \$35,000

Do you receive any assistance: Yes No \_\_\_\_\_

Anything you would like to share? \_\_\_\_\_

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 and follows strict data privacy protections for the information collected (for example, following the Family Educational Rights and Privacy Act/ FERPA guidelines).

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Signature Opt (only if signature field doesn't work): By writing my initials, I state that I have read and have provided 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 and follows strict data privacy protections for the information collected. Initial: \_\_\_\_\_

### FOR STAFF USE ONLY (MUST BE COMPLETED)

ORGANIZATION \_\_\_\_\_ SITE \_\_\_\_\_ DATE \_\_\_\_\_

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/content/children-disabilities](http://www.thechildrenstrust.org/content/children-disabilities).

**NON-DISCRIMINATION POLICY:** Touching Miami with Love does not discriminate in any program or activity on the basis of sex, race, immigration status of children or parents, health, religion, color, national origin, age, sexual orientation, gender expression, gender identity, disability, or ability to pay for services. Children with physical, emotional or behavior disabilities/conditions may find programs specially designed to meet their needs through other Children's Trust Programs; efforts will be made to assist with a referral to the most suitable placement for each child.

**PARENTAL CONSENT RELEASE AND WAIVER OF LIABILITY FOR TOUCHING MIAMI WITH LOVE**

By signing the application below, I agree I have read the following and certify the following:

- 1) I **acknowledge** that the application information and medical information I have provided above is true and complete to the best of my knowledge and ability. I understand that every effort will be made to reach me for instructions if my child should become ill or injured while on the site or on a field trip. If, in the judgment of the staff or a medical professional, delay in reaching me might jeopardize the child's well-being, I hereby authorize the staff or medical professional to secure whatever medical treatment is deemed necessary, including the administration of anesthetics and surgery.
- 2) I **acknowledge** and I am aware of the risks and hazards connected with the that participation by my child in the Program sponsored by Touching Miami with Love and its partners and funded by the Children's Trust involves physical education, organized sports, meals, and **off-site field trips**. As these activities may carry some degree of risk to my child's physical and emotional health, and may include risks and hazards unknown to me or my child.
- 3) I understand that part of the risk involved in undertaking any activity is relative to my child's own state of fitness. I **acknowledge** that my child has no physical condition that would prevent him/her from safely participating in these activities.
- 4) I, **for myself, for my child** hereby release, hold harmless, relinquish, and waive Touching Miami with Love, the Children's Trust, and all employees, officers, directors, agents, and volunteers associated with the out-of-school program from all claims, demands, damages, actions, and cause of actions arising out of injuries, damages, or death sustained by me or my child resulting from participation in this out-of-school program.
- 5) I further expressly agree that this release and waiver of liability is intended to be as broad and as inclusive as the Laws of the State of Florida will allow, and that, in any portion thereof is held to be invalid, it is agreed that the balance shall, notwithstanding the invalid portion, continue in full force and effect.
- 6) I **agree** to make every effort to ensure that my child participates in the program daily, unless he/she is too ill to attend.
- 7) I **also agree** that I or my representative will sign-out my child every day he/she attends the program.
- 8) I **agree to all the program standards. I am aware that if I (parent) is LATE picking up my child at the end of the day after 5:00 PM, there is a \$25 Late Fee. If not paid within one week, I understand that my child will be suspended and possibly removed from Touching Miami with Love programs.**
- 9) I **understand** that some of the program sites are being held on the premises of religious institutions for the primary purpose of providing academic enrichment and a safe environment during out-of-school time. In some cases, religious instruction may be offered as an option to the children on the premises, but only with written parental permission. Unless express written permission has been given for my child to participate in religious instruction, an optional non-religious activity will be conducted. No Children's Trust funds will be used for teacher stipends, books, curriculum or other expenses related to religious instruction.
- 10) I **understand that TML follows strict client confidentiality policies**. TML will not release any confidential information to unauthorized persons. All records are kept in locked filing cabinets and access is granted only to direct care staff members. In addition, HIPPA confidentiality laws are followed if applicable.
- 11) I **understand that TML is not responsible for your child once he/she is dropped off home/destination**. It is my responsibility to have either myself or someone home/destination to meet my child.
- 12) I **consent** to allow the taking of photos or videos of my child and/or me during program activities. Photos/videos may reveal my child's and/or my identity without any compensation paid to my child, to me or to others. All photos and videos shall be the sole property of TML and may be used for educational and/or promotional purposes. And all recordings taken of you, your children or wards, shall be the property of TML. 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 TML their staff, service providers, employees, agents, affiliates and Board members.
- 13) I **authorize** my data to be shared with a 3rd party for research and evaluation purposes. Any data will be kept confidential and reported anonymously.
- 14) 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. For questions go to [www.thechildrenstrust.org](http://www.thechildrenstrust.org) or call The Children's Trust at 305-571-5700.
- 15) I **acknowledge that I have received and understand the "Parent Guidebook"**.

**\*\*\*Completing an application does NOT mean that it is approved. You will receive a phone call once it's approved.\*\*\***

**FOR STAFF USE ONLY (MUST BE COMPLETED):**

Start Date: \_\_\_\_\_

Application Verification: Yes No

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_