



Sweet Home Academy
School Year Application 2021-2022
CHILD INFORMATION FORM

Sweet Home Academy is partially funded through public funds. In order to access these funds and allow us to provide low cost services to your child, our funders need the following information. The cost of aftercare/school year is \$25.00 for registration fee and \$50.00 monthly on or before the 5th of each month. No refunds will be allowed once payment has been made.

Child's Last Name _____ First _____ Middle Name _____

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

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 Child's Gender ☐ Male ☐ Female

Last four (4) digits ONLY of child's social security #

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☐ No SS #

Miami-Dade County Public Schools ID #

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☐ 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

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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 parent/caregiver (full name) _____

Child's parent/caregiver email address _____

Child's parent/caregiver phone Number

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 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)

- | | |
|--|---|
| <input type="checkbox"/> Speaks and is easily understood | <input type="checkbox"/> Uses gestures or expressions like pointing, pulling, smiling, frowning or blinking |
| <input type="checkbox"/> Speaks but is difficult to understand | <input type="checkbox"/> Uses sign language |
| <input type="checkbox"/> Uses communication devices like pictures or a board | <input type="checkbox"/> 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)

- | | |
|--|---|
| <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 _____
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FOR STAFF USE ONLY (MUST BE COMPLETED)

ORGANIZATION _____ SITE _____

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

Sweet Home Academy Student Medical Information

Medical History

Child's Name: _____

Is your child allergic to any foods or medication? _____ Yes _____ No

If yes, what? _____

Does your child have any disabilities? _____ Yes _____ No

If yes, what? _____

Does your child take any medications? _____ Yes _____ No

If Yes, please list all daily medications.

Has your child had any serious or severe illnesses or accidents in the past 3 years?

Yes _____ No _____

If yes, explain. _____

Child's Primary Care Physician's name: _____ Phone Number: _____

Insurance Company: _____

Policy/Group #: _____

Insurance Disclaimer

Sweet Home Academy 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, or parents/guardians.

Parent/Guardian Initials: _____

Consent for Emergency Medical Treatment

As the parent, legal guardian, or authorized representative, I hereby consent to Sweet Home Academy to obtain all emergency medical or dental care prescribed by duly licensed physician (M.D.), Osteopath (D.O.), or Dentist (D.D.S) for (child's name): _____

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

Parent/Guardian Initials: _____

Child's Health Statement

I, the undersigned parent/guardian, understand that at Sweet Home Academy program physical activity is a regular part of the program. To the best of my knowledge, my child is in excellent physical health condition 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 Sweet Home Academy of any restrictions of my child's activities.

Parent/Guardian Initials: _____

HIPPA Compliance

Photographic Release and Transportation Authorization Form

HIPPA Compliance

Sweet Home Academy abides by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPPA). If you have any questions about how the health information about students of the system may be used and disclosed, please contact Olivia Carey at 305-251-5753.

Parent/Guardian Initials: _____

Photographic Release

I, (parent/guardian name) _____, in exchange for good and valuable consideration, the adequacy of which is hereby acknowledge, hereby give Sweet Home Academy, 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 or my child for the purpose of Sweet Home Academy's advertising, education, promotion, or other purpose consistent with Sweet Home Academy's mission. I agree that any such photograph or video is exclusively property of Sweet Home Academy, 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 used in conjunction with the photographs or videos, or to approve the use to which the photographs or videos may be applied.

Parent/Guardian Initials: _____

Transportation Authorization

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

Parent/Guardian Initials: _____

I have read and agree to the above information:

Parent/Guardian Signature: _____

Date: _____

Sweet Home Academy

Emergency Contact/Pick Up Information

Please provide the names of emergency contacts and pick up information for your child.

Name: _____

Phone Number: _____

Relationship: _____

Name: _____

Phone Number: _____

Relationship: _____

Name: _____

Phone Number: _____

Relationship: _____

List of individuals allowed to pick up your child.

1. _____

2. _____

3. _____

4. _____

List of individuals not allowed to pick up your child.

1. _____

2. _____

3. _____

