Annual Child/Youth Participant Information Form (fill front and back)

TO BE UPDATED IN AUGUST FOR EVERY NEW SCHOOL YEAR

Child/Youth Name _____
Last **First** **Middle**

Child/Youth Date of Birth	**Child/Youth Gender**	**Child/Youth Race/Ethnicity** (please select only one)
_____/_____/_____ Month / Day / Year	☐ Female ☐ Male ☐ Prefer not to answer	☐ Biracial or Multiracial ☐ Hispanic ☐ Black non-Hispanic/African American ☐ Haitian ☐ White non-Hispanic ☐ Other ☐ Prefer not to answer

Mark all languages your child/youth speaks
☐ English ☐ Spanish ☐ Haitian Creole ☐ Other:_____

Child/Youth Current Grade Level (for summer, select the last grade completed - please select only one)	**Miami-Dade County Public Schools ID#** *(all students attending public or charter schools must have a school ID#)*
☐ Child under 5/not in school ☐ Pre-K ☐ Kindergarten ☐ Grade 1-12 (specify) _____ ☐ Attending College ☐ Not in school	_____ _____ _____ _____ _____ _____ _____ ☐ No M-DCPS ID #

Current School _____

Home Address _____
Street **City** **ZIP Code**

Caregiver Name _____
Last **First**

Caregiver Phone Number	**Caregiver Email address**
(_____) _____ -_____ **Is this a cell/mobile phone?** ☐ Yes ☐ No	

Caregiver preferred language for contact from The Children's Trust (please select only one)

☐ English ☐ Spanish ☐ Haitian Creole

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.

How did you hear about this program?_____

As part of my child's voluntary participation in this program, I give my permission for the information collected through this program to be submitted to The Children's Trust for program evaluation and quality purposes. The Children's Trust provides funding for the program to operate 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 Signed**
	_____/_____/_____ Month / Day / Year

We want to get to know your child better so that we can provide the best possible experience in our programs. The questions on the next page address your child's need for assistance, any conditions or challenges, their communication methods, and the support they receive. **This information is used to ensure that children and youth of all abilities are welcomed and supported in programs funded by The Children's Trust.**

ORGANIZATION _____ SITE _____

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To support your child/youth's successful participation in this program, in what areas might they need extra assistance?

☐ Academic and learning supports, such as reading or understanding basic instructions

☐ Managing feelings and behavior, such as needing extra support or structure

☐ Chronic health condition management, such as using an epi pen, inhaler, or other medications

☐ Fine motor tasks, such as holding a crayon/pencil, writing, or using scissors

☐ Gross motor tasks, such as sports or physical activities like running

☐ Adapting activities to consider visual, speech, or hearing needs

☐ Using assistive device(s) like a wheelchair, crutches, brace, or walker

☐ Personal services, such as help with feeding, toileting, or changing clothes

☐ Other _____

☐ No specific help needed

If you noted any areas of extra assistance needed, please be sure to speak individually with the program staff about your child's needs and how the program can meet them.

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

☐ Developmental delay (only if under age 5)

☐ Intellectual/developmental disability (over age 5)

☐ Learning disability (over age 5)

☐ Autism spectrum disorder

☐ Deaf or hard of hearing

☐ Medical condition or illness (like asthma, diabetes, epilepsy/seizures, severe allergies)

☐ Physical disability or impairment

☐ Managing aggression or temper

☐ Managing attention and hyperactivity (ADHD)

☐ Depression or anxiety

☐ Speech or language condition

☐ Blind or low vision

☐ Other condition lasting one year or more (please specify)

_____

☐ No conditions lasting one year or more

Do any of the conditions noted make it harder for your child/youth to do things that others of the same age can do?

☐ Yes, it is harder for them ☐ No, it is not harder for them ☐ N/A, no conditions noted

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 sign language

☐ Uses gestures or expressions like pointing, pulling, smiling, frowning, or blinking

☐ Uses sounds that are not words like laughing, crying, or grunting

What, if any, help does your child/youth receive at this time? (mark all that apply)

☐ Behavioral therapy or services

☐ Counseling for emotional concerns

☐ Daily medication (not including vitamins)

☐ Exceptional student education services in school through an IEP or 504 plan

☐ Occupational therapy (OT)

☐ Physical therapy (PT)

☐ Speech/language therapy

☐ None of the above are needed at this time

☐ At least one of these services are needed but not received

If you are interested in other community services or resources, you can call the **211 Miami Helpline, visit 211miami.org**, or learn more about **The Children's Trust programs at www.thechildrenstrust.org**. For special needs resources for individuals with disabilities and their families, visit **www.advocacynetwork.org/services/individual-family-support or www.thechildrenstrust.org/cwd**.

AUTHORIZATION FOR PHOTOGRAPHY/VIDEO

I, _____, the parent or guardian of _____, hereby authorize and give consent to the staff of The Children's Trust of Miami-Dade County and/or its funded service providers as follows:

I hereby:

☐ **consent and authorize** **OR** ☐ **do not consent and authorize**

the staff of The Children's Trust of Miami-Dade County and/or its funded service providers to take/use still photographs, digital photographs, motion pictures, television transmissions and/or videotaped recordings (hereinafter "Recordings") of me, my children or my wards for educational, research, documentary and public relations purposes.

_____ _____

Signature of Parent or Guardian Signature of Witness

_____ _____

Date Date

Any such Recordings may reveal your identity through the image itself without any compensation to you, your children or wards.

Any and all Recordings taken of you, your children or wards shall be the sole property of The Children's Trust and its funded service providers.

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 The Children's Trust of Miami-Dade County and its staff, funded service providers, employees, agents, affiliates and board members.