



Town of Cutler Bay
 Careers in STEM Summer Camp
 June 16 2025 - July 25, 2025



Document Checklist

Document/Form	<input checked="" type="checkbox"/>
Eligibility Requirements	
Proof of Age/Grade Level (school report card, school/govt issued ID, etc.) and at least one (1) of the following	
Proof of Residence in Target Area (Government issued ID, Utility Bill, School Documents with address)	
Proof of Low-Mod Income (pay stubs, receipt of safety net benefits)	
Special Populations (i.e. referral from DCF, DJJ, Foster Care, School Referral, etc.)	
Lack of Supervision at Home (Notarized statement from Parent/Guardian, Referral from Local Agency)	
Youth with Disability (Self-Report by parent, copy of IEP, medical report)	
Intake Forms	
Child Information Form (Intake Form)	
Getting to Know Me Form	
Release Authorization/Emergency Medical Authorization	
Permission to Transport	
Authorization for Photography/Video Form – Town of Cutler Bay	
Authorization for Photography/Video Form – The Children’s Trust	
Parent Authorized Photography/Video Release? (YES/NO)	
Participant Registration Acknowledgements	
Authorization to Release Information Form	
Program Policies and Procedures	
Parent Received Policies & Procedure Manual (signed acknowledgement form)	

Participant’s Name: _____

Staff Signature: _____

Date of Intake: _____



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.)

Child's primary caregiver (full name) _____

Primary caregiver 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.)

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)

- | | |
|--|---|
| <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



The Advocacy
Network on
Disabilities

Formerly known as CCDH, Inc.

YEN "Getting to Know Me"

Name: _____

D.O.B. _____ Date _____

Please tell us about yourself. This form will not be shared with others, please answer it truthfully. Letting us know your strengths and challenges helps us to better assist you.

1. Which best describes you? (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> I would rather read instructions than listen to the teacher explain them. | <input type="checkbox"/> I can think better if I tap my foot, play with a pencil or move a little. |
| <input type="checkbox"/> I like having someone explain directions aloud. | <input type="checkbox"/> I prefer working by myself. |
| <input type="checkbox"/> When I study, I have to take a lot of breaks to get up and walk around. | <input type="checkbox"/> I prefer working with a friend. |
| <input type="checkbox"/> I draw a lot of pictures during class. | <input type="checkbox"/> I prefer working in a group of 3 or more. |
| <input type="checkbox"/> I remember things better if I write them down. | <input type="checkbox"/> I find it easy to speak up in class and/or participate in discussions. |
| <input type="checkbox"/> I study by saying information aloud. | <input type="checkbox"/> I find it hard to speak up in class and/or participate in discussions. |
| <input type="checkbox"/> Charts, pictures, and maps help me understand what I am reading. | <input type="checkbox"/> I find it easy to read aloud. |
| <input type="checkbox"/> I can pay attention better if I have a snack while I study. | <input type="checkbox"/> I find it hard to read aloud. |
| <input type="checkbox"/> I like to listen to music while I am studying. | <input type="checkbox"/> I find it easy to control my temper. |
| <input type="checkbox"/> I am good at seeing pictures in my mind what I am studying. | <input type="checkbox"/> I find it hard to control my temper. |
| <input type="checkbox"/> It is easy for me to remember jokes. | <input type="checkbox"/> It is easier for me to control my temper if I try the following: |

2. Have you received or are you receiving any of the following? (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Speech/Language therapy | <input type="checkbox"/> Special Education services in school |
| <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Counseling |
| <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Daily Medication (not including vitamins) | |

3. I learn best when I:

4. I do not like it when I am asked to:



**The Advocacy
Network on
Disabilities**

Formerly known as CCDH, Inc.

YEN "Getting to Know Me"

Name: _____

D.O.B. _____ Date _____

5. Activities/things that motivate me:

6. Activities I do not like to do:

7. School subjects I am good at:

8. School subjects I find hard:

9. After high school, I want to:

10. Anything else you want us to know about you:



Town of Cutler Bay
 Careers in STEM Summer Camp
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STUDENT RELEASE FORM

This form will be valid throughout the entire 2024 Careers in STEM Summer Camp Program. If you wish to submit any changes, you must do so in person at the office in writing. All changes must be submitted before your child is picked up.

- You must notify the Town of Cutler Bay, Parks and Recreation Department in writing if you have any changes to the information provided such as address, telephone, and authorized pick-up. _____(Initial)
- Your child will not be released to anyone under the age of 18 years old. _____(Initial)
- Please inform the individuals authorized to pick up your child that they will be required to provide valid photo identification before signing your child out. _____(Initial)

EMERGENCY CONTACT INFORMATION AND AUTHORIZED PICK-UP
 (Children will not be released to any person not listed below)

Name	Relationship	Home Number	Cell Number	Work Number

MEDICAL AUTHORIZATION AND CONSENT

I attest the participant is physically able to participate in all activities planned and hosted by the Town of Cutler Bay and that the participant’s physical condition has been verified by a licensed medical doctor, and I consent to any needed medical treatment for the participant in the event of an emergency.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

To ensure the safety of your child, it is important to know the following:

Does your child have allergies to any foods or medications? If so, please describe:

Are there any physical limitations or special precautions regarding your child the Town of Cutler Bay needs to be aware of? If so, please describe:



**Town of Cutler Bay
Parks and Recreation
Careers in STEM Summer Camp
Emergency Medical Authorization**

The following is the Town of Cutler Bay Youth Programs' Emergency Medical policy and procedures for addressing emergency medical situations.

The following steps will be taken by Town staff in the event of injuries:

Non Life-threatening injuries:

1. Assist or bring the injured child to an isolated area/first-aid room.
2. Notify a staff member that is first-aid certified to administer the appropriate first-aid treatment as necessitated by the injury.
3. Notify parent/guardian and supervisor of incident.
4. Complete accident/incident report.
5. Send copy of incident report for major accident to The Children's Trust.

Life-threatening injuries:

1. **911** will be called immediately.
2. Find a staff member that is CPR and first-aid certified for "first responder" treatment.
3. Notify parent/guardian (in their absence, notify the first person listed on the child's "Emergency Contact and Authorized Pick-Up List").
4. Notify supervisor.
5. Meet Fire Rescue or Police Officer in the park parking lot and direct them to the injured child.
6. Complete accident/incident report.
7. Send copy of incident report for major accident to The Children's Trust.

To be completed by Parent/Guardian:

I, _____, the parent/guardian of _____.

(Print parent/guardian name) (Print child's name)

do hereby authorize the Town of Cutler Bay to provide for emergency medical treatment as indicated above for _____.

(Print child's name)

(Parent/Guardian Signature)

(Date)



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Town of Cutler Bay
AUTHORIZATION FOR PHOTOGRAPHY/VIDEO

I, _____, the parent or guardian of

_____ hereby authorize and give consent to service providers and the staff of The Town of Cutler Bay and The Children's Trust as follows:

I hereby:

consent and authorize or **do not consent and authorize**

the staff of The Town of Cutler Bay to take/use still photographs, digital photographs, motion pictures, television transmission, 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

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 Town of Cutler Bay.

With regard to the use of any recordings taken of you or your children, you hereby waive any and all present and future claims you may have against The Town of Cutler Bay, their staff, service providers, employees, agents, affiliates and Council members.



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**Town of Cutler Bay
Parks and Recreation
Careers in STEM Summer Camp
Participant Registration Acknowledgements**

I do hereby agree to the following: *(Please initial after each statement)*

1. Assume all risk of possible damage or injury through my child's participation in The Town of Cutler Bay recreational programs. _____ *(Initial)*
2. Agree to compensate the Town of Cutler Bay for any repair and/or replacement costs for damages to the facility or equipment as a result of my misuse or equipment. _____ *(Initial)*
3. Agree to indemnify and hold harmless the Town of Cutler Bay and/or its department's, agents or employees from any and all liability arising out of my participation in The Town of Cutler Bay recreational programs. _____ *(Initial)*
4. Understand and agree to abide by all applicable rules and regulations as set forth herein and attached to this form. I further understand that I may be asked to vacate the premises and may forfeit my participation fee if I fail to abide by these rules and regulations or any other reasonable request from the Town of Cutler Bay staff. _____ *(Initial)*

I certify that the above information is correct and that I have read and understood the rules and regulations governing this program.

Parent/Guardian's Signature

Printed Name of Child

Date



**Town of Cutler Bay
Parks and Recreation
Careers in STEM Summer Camp**

Attendance Policy

The Town of Cutler Bay has established an attendance requirement for the Careers in STEM Summer Camp. Each participant must follow the **attendance policy which mandates that children attend at least 85 percent of the days that the Program is available, or a minimum of four days per week.** If you know in advance that your child will be absent on any given day, please notify the program office (by phone at 305-232-4262 or via email at stemcamp@cutlerbay-fl.gov).

If, in the sole opinion of the Town's Program Staff, your child is not spending adequate time on program activities, your child may be asked to leave the program in order to make room for a child who is in greater need of the services being offered by the program.

It is very important that all parents follow the attendance policy, so that each child may receive the full benefits that the Careers in STEM Summer Camp has to offer.

I certify that I have read and understood the Client Confidentiality Policy governing this program.

Parent/Guardian's Signature

Printed Name of Child

Date



**Town of Cutler Bay
Parks and Recreation
Careers in STEM Summer Camp**



Client Confidentiality Policy/State of Florida Public Records Law

The Town of Cutler Bay's records, including all information gathered in conjunction with the operation of the Careers in STEM Summer Camp, are governed by the State of Florida's "Public Records Law", Chapter 119 of the Florida Statutes. A copy of Chapter 119 is available in the Town Clerk's office in Town Hall (10720 Caribbean Blvd., Suite 105, Cutler Bay, FL 33189) and in the Parks and Recreation Department office (10720 Caribbean Blvd., Suite 510, Cutler Bay, FL 33189).

Section 119.071 (5) (c) specifically provides for the exemption of disclosure of certain information as follows:

Any information that would identify or help to locate a child who participates in government-sponsored recreation programs or camps or the parents or guardians of such child, including, but not limited to, the name, home address, telephone number, social security number, or photograph of the child; the names and locations of schools attended by such child; and the names, home addresses, and social security numbers of parents or guardians of such child is exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution. Information made exempt pursuant to this paragraph may be disclosed by court order upon a showing of good cause. This exemption applies to records held before, on, or after the effective date of this exemption.

I certify that I have read and understood the Client Confidentiality Policy governing this program.

Parent/Guardian's Signature

Printed Name of Child

Date